



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/654,315  
Filing Date: 9-3-03  
Applicant: Michael P. Nesnidal et al.  
Group Art Unit: 2829  
Examiner: Asok K. Sarkar  
Title: PROCESS FOR FABRICATING A SEMICONDUCTOR  
DIFFRACTION GRATING USING A SACRIFICIAL  
LAYER  
Attorney Docket: NGC-00087DA (11-0983D)

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION**

Sir:

This is a Response to the Office Action mailed April 20, 2004. Please consider the following amendments and remarks.

**Amendments to the Specification** begin on page 2 of this paper.

**Remarks** begin on page 3 of this paper.



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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/654,315
Filing Date	9-3-03
First Named Inventor	Michael P. Nesnidal
Art Unit	2829
Examiner Name	Asok K. Sarkar
Attorney Docket Number	NGC-00087DA (11-0983D)

Total Number of Pages in This Submission

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Applicant believes no fee to be due for the attached filing, however, should additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn, Hoffmann, Miller & LaLone, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose.	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Warn, Hoffmann, Miller & LaLone, P.C. John A. Miller - Reg No. 34,985
Signature	
Date	7-16-04

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	John A. Miller - Reg No. 34,985		
Signature		Date	7-16-04

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